

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE FEE**  
**Commissioner for Patents**  
**Washington, D.C. 20231**  
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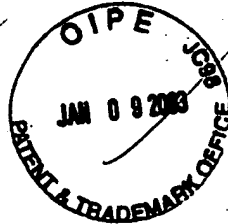
**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

10/28/2002

**Law Offices**  
**Foley & Lardner**  
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/597,580	06/20/2000	Gary L. Griffiths	018733/0987	5842

**TITLE OF INVENTION:** TARGETED COMBINATION IMMUNOTHERAPY OF CANCER AND INFECTIOUS DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650.00	\$0	\$650.00	01/28/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JONES, DAMERON LEVEST	1616	424-001490			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**IMMUNOMEDICS, INC.**

**MORRIS PLAINS, NEW JERSEY**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☒ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee

☒ A check in the amount of the fee(s) is enclosed.

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

**STEPHEN B. MAEBIUS** REG. #35,264 01/09/03

(Date)

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Atty. Dkt. No. 018733-0987

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Gary L. GRIFFITHS et al.  
Title: TARGETED COMBINATION IMMUNOTHERAPY OF CANCER  
AND INFECTIOUS DISEASES  
Appl. No.: 09/597,580  
Filing Date: 06/20/2000  
Examiner: Dameron L. JONES  
Art Unit: 1616  
Batch No.: 5842

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2/6/03  
CUE

**TRANSMITTAL OF FORMAL DRAWINGS**

Commissioner for Patents  
Washington, D.C. 20231

ATTENTION: DRAWING REVIEW BRANCH

Sir:

Transmitted herewith are the formal drawings (2 sheets, Figures 1-2) for the above-identified application. The Official Draftsperson is respectfully requested to approve these drawings for entry into the application.

Respectfully submitted,

Date January 9, 2003

By

FOLEY & LARDNER  
Customer Number: 22428



22428

PATENT TRADEMARK OFFICE

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10.02